CCA Application for Travel/Conference Expenses

Name: ________________________ Signed: ________________________

College: _____________________ Date: ________________________

Purpose of journey, destination and dates (please give brief details):

Estimated expenditure (please itemise):

Funding required from CCA: ________________________

Additional information or comments (including whether grants have been sought from other sources eg College or conference organisers):

Statement of support from your Supervisor:

Signed: ________________________

Name: ________________________ Date: ________________________

Please return this form to: Graduate Office (C0.15), Centre of Mathematical Sciences.

Office Use Only

Authorisation: ________________________

Name: ________________________ Date: ________________________